

## Institutional Approval Form (for Co-applicants from outside Memorial)

**Proposal Title:**

**Funding Agency and Program:**

**Nominated Principal Investigator:**

**Principal Investigator's Institution: Memorial University of Newfoundland**

By signing below, the co-applicant acknowledges that they have read the above-noted application, confirms their participation as described therein and verifies they are eligible to apply to the named funding agency/program. The Institutional Signature confirms approval for the co-applicant's participation in the research proposal, and for noted commitments, in-kind or cash (if applicable), to carry out the proposed research should the grant application receive funding. Both co-applicant and institutional authority confirm that they are aware of the program and award guidelines governing the proposed project.

**Commitments (if applicable):**

In-Kind contributions (please specify):

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Cash Contributions (please specify):

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Co-applicant Name	Date & Signature	Institution Name
<b>Authorized Institutional Representative</b>	<b>Date &amp; Signature</b>	

*Access to Information and Protection of Privacy:* The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for, and will be used to administer the grant application. If you have any questions about the collection and use of this information please contact a Research Grants Coordinator, Office of Research, Memorial University at 709-864-8251